

St. Joseph County Department of Health

Permit Application for Mobile Units

Company/Mobile Name:	Application Date:		
Address:			
City:	State: Zip:		
Phone: (Contact Person:		
Email:			
Print Name:	Signature:		
Business Checks, money order	erse side of the application. Fees are not accepted a rs, cashiers' checks, Visa/Master Card, and Cash. I ion. <u>All mobile units and food delivery vehicles mus</u>	Please place additional information on	
License Plate No. of each vehicles if applicable	Mobile units must include route sheets, dates, and locations.	Make and Model of Vehicle	
	For Office Use Only!		
Date Paid:	Opening inspection date:		
Total Amount Paid: \$	Permit(s) received on:		
Transaction #:	Department Employee:		
Informed Mobile/Pushcart Ver	ndor of South Bend License		

License Plate No. of each vehicles	Mobile units shall include route sheets, dates, and locations.	Make and Model of Vehicle
The following	fee schedule as established by the St. Joseph	County Roard of Health

The following fee schedule as established by the St. Joseph County Board of Health and herby approved by the Board of Commissioners of St. Joseph County.

Resolution R-18-C-2015

<u>Mobile Food</u> Establishments	\$100.00 per Unit
Trucks and	•
Seasonal Ice Cream	

Seasonal Mobile Hot dog push carts and Ice Cream	\$100.00 per Unit
pushcarts	